

**MISCELLANEOUS SHIELDING
SERVICE REQUEST ORDER (SSRO)
Tecknit Shielding Services, Inc.**

(This form is governed by the terms and conditions of ANL Blanket Purchase Agreement 3K-00001)

Requestor: _____ **Date:** _____

Job Description: _____

Date Required: _____ **Estimate** (Not to Exceed Value): \$ _____

Cost Code: _____ **Requester Budget Approval:** _____

Floor Coordinator: _____ **Date:** _____

TO BE COMPLETED BY JOANNE WOLD, TECH. REP. AND TECKNIT REPRESENTATIVE:

APS Budget Confirmation: _____ **Date:** _____

Service Request Order Number: _____ **Date:** _____

APS Technical Representative: _____ **Date:** _____
(Rod Salazar or Steve Davey)

Tecknit Representative: _____ **Date:** _____

TO BE COMPLETED BY TECKNIT AND RETURNED TO FLOOR COORDINATOR AFTER WORK IS COMPLETE AND GIVEN TO JOANNE WOLD TO DISTRIBUTE AND FILE

Number of Hours Worked: _____ **Total Cost:** _____

Date Completed: _____

Tecknit Representative: _____ **Date:** _____

Floor Coordinator: _____ **Date:** _____

APS Technical Representative: _____ **Date:** _____
(Rod Salazar or Steve Davey)